

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157577		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/02/2012	
NAME OF PROVIDER OR SUPPLIER ABC HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 138 W CARMEL DR CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit for an extended Federal Home Health recertification survey conducted 5/15/12.</p> <p>Survey date: 6/28/12 to 7/2/12</p> <p>Facility #: 004804</p> <p>Medicaid vendor #: 200828410</p> <p>Surveyors: Tonya Tucker, RN, PHNS Team leader Bridget Boston, RN , PHNS Team member</p> <p>Census: 84</p> <p>During this survey fifteen standard level of deficiencies were corrected; two conditions and twelve standard level deficiencies were recited.</p> <p>ABC Home Care is precluded from providing it's own home health aide training and competency evaluation program for a period of two years beginning 7/2/12 through 7/2/14 for being found out of compliance with the Conditions of Participation 42 CFR 484.16: Group of Professional Personnel and 484.52: Evaluation of the Agency's Program.</p> <p>Quality Review; Linda Dubak, R.N. July 6, 2012</p>			{G 000}			
{G 133}	<p>484.14(c) ADMINISTRATOR</p> <p>The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organizes and</p>			{G 133}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{G 133}	<p>Continued From page 1</p> <p>directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff.</p> <p>This STANDARD is not met as evidenced by: Based on administrative document, policy review, and interview, the administrator failed to ensure an ongoing evaluation of their program was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improved patient care and maintained liaison with the group of professional personnel in 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On June 28, 2012 at 3:17 PM, the alternate administrator indicated the annual agency evaluations are to be done yearly by the "PAB" [professional advisory group] and the proposal is in July 2012 to start. 2. Review of an undated administrative document dated 5/15/12 titled "ABC Home Health Quality Assurance". The document stated "QA assessment done....exit by state" failed to evidence an ongoing objective and systematic evaluation to identify problems and improve patient care. 3. The undated policy titled "Professional Advisory Board" was provided by the alternate 			{G 133}			

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{G 133}	<p>Continued From page 2</p> <p>administrator on June 28, 2012 at 317 PM , who indicated the policy was current and stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered , admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>4. The undated policy titled "Annual Program Evaluation" was provided by the alternate administrator on June 28, 2012 at 3:17 PM, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>5. On 6/29/12 at 250 PM, the administrator indicated that she had been on vacation and had returned back to work on 6/25/12 and the alternate administrator had wrote the plan of correction during that time.</p>			{G 133}			
{G 144}	484.14(g) COORDINATION OF PATIENT			{G 144}			

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{G 144}	<p>Continued From page 3 SERVICES</p> <p>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record and policy review, home visit observation, and interview, the agency failed to ensure coordination of care was maintained with other entities that had provided services in 1 (# 11) of 1 clinical record reviewed of patients identified as received additional services from other entities and failed to ensure 60 day summaries included pertinent information and was sent to the physician in 1 of 2 records (11) where services were provided for more than 60 days, with the potential to affect all patients that received home health services from this agency.</p> <p>Findings include:</p> <p>1. Clinical record # 11, start of care 12/26/06, indicated the patient required 24 hour care. The clinical record evidenced a plan of care for the certification period 3/29/12 through 5/27/12 signed by the administrator and a plan of care for the certification period 5/28/12 through 7/26/12 signed by the alternate administrator with orders for skilled nursing visits "1 - 2 /d, for 2-4 hours, 6-8 hours, 8-10 hours, 12-14 hours, 14- 16 hours,; 2-3 WK [week] 1, 5 - 7 WK 8, 1 WK 1 as authorized through medicaid." The clinical record failed to evidence coordination of care with other providers of care and that 60 day summaries</p>			{G 144}			

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{G 144}	<p>Continued From page 4</p> <p>included pertinent information and was sent to the physician for the last 2 certification periods.</p> <p>A. An undated typed document, void or author and signature, was attached to this patient's application for medicaid PA services and listed all of the patients from the same household that were receiving services from this agency. In regards to this patient the document stated, "Medicaid waiver - 128 hours / month. [caregiver] is part- time direct care staff for some of these hours through McSherr , Inc." The clinical record failed to include any coordination of care with the provider identified as McSherr Inc.</p> <p>B. 410 IAC 19-9-28 defined a summary report and stated, "Summary Report means a clinical synopsis of the pertinent factors from the clinical notes regarding a patient requiring a medical plan of care, which is submitted as a report to the physician."</p> <p>C. The plan of care with beginning date 3/29/12 included an area titled "60 day summary" and stated, "Liver biopsy 3/20/12, in hospital overnight, no new medications, or medication changes. Has received ordered SN [skilled nurse] service for ADL [activities of daily living] care including bathing, dressing, incont [incontinent] care, skin care, foot care, oral care, maintenance of special equipment, respiratory TX [treatment], medication administration and feedings. Pleased with care provided."</p> <p>D. The plan of care with beginning date 5/27/12 included an area titled "60 day summary" and stated, "Several new medications and medication changes. Has received ordered SN</p>			{G 144}			

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{G 144}	<p>Continued From page 5</p> <p>service for ADL care including bathing, dressing, incont [incontinent] care, skin care, foot care, oral care, maintenance of special equipment, respiratory TX [treatment], medication administration and feedings. Pleased with care provided."</p> <p>E. The 60 day summaries failed to evidence a clinical synopsis of the patients care.</p> <p>F. During a home visit on 7/2/12 at 10 AM, the caregiver and employee L confirmed additional care and services were provided by McSherr Inc. The caregiver indicated the patient received 181 hours of waiver hours a month through McSherr Inc. and that this provider was a home health agency. Employee L indicated the patient experienced daily seizures, was monitored 24 hours a day by staff or caregiver, was on continuous oxygen at 24 %, nebulizer treatments and use of a VIA vest 4 times a day to maintain clear lungs, could not longer go outside due to allergies, and was chair / bed bound.</p> <p>2. On July 2, 2012 at 2:30 PM, the administrator and alternate administrator indicated they were unaware of the patients additional services.</p> <p>3. The undated policy presented by the alternate administrator on 6/28/12, whom indicated this policy was a new / revised policy, void of effective date, titled "Identify Place in Chart For Care Coordination" stated, "Policy: Established to designate a common area in patients charts to document other providers of care. Procedure: 1. SN / RN doing the assessment for SOC [start of care] and ROC [resumption of care] are to make notes on the OASIS form. ... 3. Information to</p>			{G 144}			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: OC1V12 Facility ID: 004804 If continuation sheet Page 7 of 39

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{G 152}	<p>Continued From page 7 PERSONNEL</p> <p>A group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representation from other professional disciplines.</p> <p>This STANDARD is not met as evidenced by: Based on administrative document and policy review and interview, the agency failed to ensure a group of professional personnel was formed and included representation of a physician and other disciplines that provide services on behalf of the agency in 1 of 1 agency with the potential to effect all patients of this agency.</p> <p>Findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the new policies and procedures implemented as a result of the recent survey and plan of correction and that the agency did not maintain administrative documentation of the new policies and procedures, any agency development and agency planning towards how the agency was to</p>			{G 152}			

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{G 152}	<p>Continued From page 8</p> <p>document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new policies and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the medical director position of the PAG has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p> <p>3. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation.</p>			{G 152}			

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{G 152}	<p>Continued From page 9</p> <p>Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>4. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>5. Administrative documents review failed to evidence the agency planned an annual evaluation of its program and included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented.</p> <p>6. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.</p>			{G 152}			

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{G 153}	<p>484.16 GROUP OF PROFESSIONAL PERSONNEL</p> <p>The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.</p> <p>This STANDARD is not met as evidenced by: Based on administrative document and policy review, and interview, the agency failed to ensure a group of professional personnel was formed that reviewed and approved the agency's policies governing scope of services, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications and participated in a plan for the agency annual program evaluation in 1 of 1 with the potential to effect all patients of this agency.</p> <p>Findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was not documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the</p>			{G 153}			

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{G 153}	<p>Continued From page 11</p> <p>new policies and procedures implemented as a result of the recent survey and plan of correction and that the agency did not maintain administrative documentation of the new polices and procedures, any agency development and agency planning towards how the agency was to document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new polices and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the physician position of the PAG [professional advisory group] has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p> <p>3. On July 2, 2012 at 1:25 PM, the administrator indicated the agency did not maintain documentation of when polices were developed, approved, reviewed, revised, and implemented and offered the agency polices were in the</p>			{G 153}			

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{G 153}	<p>Continued From page 12 process of being retyped.</p> <p>4. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>6. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the attendance at the meeting was only the medical</p>			{G 153}			

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{G 153}	Continued From page 13 director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.			{G 153}			
{G 154}	<p>484.16(a) ADVISORY AND EVALUATION FUNCTION</p> <p>The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.</p> <p>This STANDARD is not met as evidenced by: Based on agency administrative document and policy review, and interview, the agency failed to ensure there was a specific group of professional personnel committed to participate in an ongoing evaluation of the agency's program and assist in maintaining liaison with other health care providers in the community and in the agency's community information program in 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>Findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the</p>			{G 154}			

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{G 154}	<p>Continued From page 14</p> <p>professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the new policies and procedures implemented as a result of the recent survey and plan of correction and that the agency did not maintain administrative documentation of the new policies and procedures, any agency development and agency planning towards how the agency was to document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new policies and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the physician position of the PAG [professional advisory group] has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p>			{G 154}			

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{G 154}	<p>Continued From page 15</p> <p>3. On July 2, 2012 at 1:25 PM, the administrator indicated the agency did not maintain documentation of when policies were developed, approved, reviewed, revised, and implemented and offered the agency policies were in the process of being retyped.</p> <p>4. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained ... Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. ... supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>6. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11</p>			{G 154}			

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{G 154}	Continued From page 16 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.			{G 154}			
{G 155}	<p>484.16(a) ADVISORY AND EVALUATION FUNCTION</p> <p>The group of professional personnel's meetings are documented by dated minutes.</p> <p>This STANDARD is not met as evidenced by: Based on agency administrative document and policy review and interview, the agency failed to ensure the group of professional personnel's meetings were documented by dated minutes in 1 of 1 agency.</p> <p>Findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she does not have communication with the professional advisory group and that she was not a member.</p>			{G 155}			

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{G 155}	<p>Continued From page 17</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new polices and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the physician position of the PAG [professional advisory group] has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p> <p>3. On July 2, 2012 at 1:25 PM, the administrator indicated the agency did not maintain documentation of when polices were developed, approved, reviewed, revised, and implemented and offered the agency polices were in the process of being retyped.</p> <p>4. The undated policy titled "Professional Advisory Board" stated, "Minutes are kept of each meeting and maintained in permanent agency records. ... Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure</p>			{G 155}			

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{G 155}	Continued From page 18 Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual."			{G 155}			
{G 176}	<p>6. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record and policy review, home visit observation, and interview, the agency failed to ensure the registered nurse coordinated care with other entities that provided services in 1 (# 11) of 1 clinical record reviewed of patients identified as received additional services from other entities and failed to ensure 60 day summaries included pertinent information and was sent to the physician in 1 of 2 records (11) where services were provided for more than 60 days, with the potential to affect all patients that</p>			{G 176}			

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{G 176}	<p>Continued From page 19</p> <p>received home health services from this agency.</p> <p>Findings include:</p> <p>1. Clinical record # 11, start of care 12/26/06, indicated the patient required 24 hour care. The clinical record evidenced a plan of care for the certification period 3/29/12 through 5/27/12 signed by the administrator and a plan of care for the certification period 5/28/12 through 7/26/12 signed by the alternate administrator with orders for skilled nursing visits "1 - 2 /d, for 2-4 hours, 6-8 hours, 8-10 hours, 12-14 hours, 14- 16 hours,; 2-3 WK [week] 1, 5 - 7 WK 8, 1 WK 1 as authorized through medicaid." The clinical record failed to evidence coordination of care with other providers of care and that 60 day summaries included pertinent information and was sent to the physician for the last 2 certification periods.</p> <p>A. An undated typed document, void or author and signature, was attached to this patient's application for medicaid PA services and listed all of the patients from the same household that were receiving services from this agency. In regards to this patient the document stated, "Medicaid waiver - 128 hours / month. [caregiver] is part- time direct care staff for some of these hours through McSherr , Inc." The clinical record failed to include any coordination of care with the provider identified as McSherr Inc.</p> <p>B. 410 IAC 19-9-28 defined a summary report and stated, "Summary Report means a clinical synopsis of the pertinent factors from the clinical notes regarding a patient requiring a medical plan of care, which is submitted as a report to the physician."</p>			{G 176}			

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{G 176}	<p>Continued From page 20</p> <p>C. The plan of care with beginning date 3/29/12 included an area titled "60 day summary" and stated, "Liver biopsy 3/20/12, in hospital overnight, no new medications, or medication changes. Has received ordered SN [skilled nurse] service for ADL [activities of daily living] care including bathing, dressing, incont [incontinent] care, skin care, foot care, oral care, maintenance of special equipment, respiratory TX [treatment], medication administration and feedings. Pleased with care provided."</p> <p>D. The plan of care with beginning date 5/27/12 included an area titled "60 day summary" and stated, "Several new medications and medication changes. Has received ordered SN service for ADL care including bathing, dressing, incont [incontinent] care, skin care, foot care, oral care, maintenance of special equipment, respiratory TX [treatment], medication administration and feedings. Pleased with care provided."</p> <p>E. The 60 day summaries failed to evidence a clinical synopsis of the patients daily care.</p> <p>F. During a home visit on 7/2/12 at 10 AM, the caregiver and employee L confirmed additional care and services were provided by McSherr Inc. The caregiver indicated the patient received 181 hours of waiver hours a month through McSherr Inc. and that this provider was a home health agency. Employee L indicated the patient experienced daily seizures, was monitored 24 hours a day by staff or caregiver, was on continuous oxygen at 24 %, nebulizer treatments and use of a VIA vest 4 times a day to maintain</p>			{G 176}			

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{G 176}	Continued From page 21 clear lungs, could not longer go outside due to allergies, and was chair / bed bound. 2. On July 2, 2012 at 2:30 PM, the administrator and alternate administrator indicated they were unaware of the patients additional services. 3. The undated policy presented by the alternate administrator on 6/28/12, whom indicated this policy was a new / revised policy, void of effective date, titled "Identify Place in Chart For Care Coordination" stated, "Policy: Established to designate a common area in patients charts to document other providers of care. Procedure: 1. SN / RN doing the assessment for SOC [start of care] and ROC [resumption of care] are to make notes on the OASIS form. ... 3. Information to be documented and updated as often as it changes."			{G 176}			
{G 242}	484.52 EVALUATION OF THE AGENCY'S PROGRAM This CONDITION is not met as evidenced by: Based on administrative document and policy review and interview, it was determined the agency failed to ensure a plan was in place for the ongoing annual evaluation of the agency's total program by the professional advisory group (See G 244); failed to ensure a plan was in place for the ongoing annual evaluation that assesses the extent to which the agency's program is appropriate, adequate, effective and efficient (See G 245); failed to ensure a plan was in place for the ongoing annual evaluation that identified issues that could be reported and acted upon by those responsible for the operation of the			{G 242}			

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{G 242}	Continued From page 22 agency (See G 246); failed to ensure a plan was in place for the ongoing annual evaluation that assessed the policies and administrative practices of the agency to determine the extent to which the promote patient care that is appropriate, adequate, effective and efficient (See G 248); and failed to ensure a plan was in place for collection of pertinent data to assist in evaluation (See G 249). The cumulative effect of these systemic problems has resulted in the agency being out of compliance with the Condition of Participation 484.52: Evaluation of the Agency's Program resulting in the potential to affect all the patients of the agency.			{G 242}			
{G 244}	484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation consists of an overall policy and administrative review and a clinical record review. This STANDARD is not met as evidenced by: Based on administrative document and policy review and interview, it was determined the agency failed to ensure a plan was in place for the ongoing annual evaluation of the agency's program for 1 of 1 agency with the potential to effect all patients of this agency. The findings include: 1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for			{G 244}			

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{G 244}	<p>Continued From page 23</p> <p>review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the new policies and procedures implemented as a result of the recent survey and plan of correction and that the agency did not maintain administrative documentation of the new policies and procedures, any agency development and agency planning towards how the agency was to document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new policies and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the medical director position of the PAG has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p>			{G 244}			

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{G 244}	<p>Continued From page 24</p> <p>3. On June 29, 2012 at 3:30 PM, the administrator / director of nursing indicated the agency does not have a developed and implemented infection control program to monitor for the infection control - compliance of procedures of their staff. She indicated that the new hand hygiene policy was obtained from the CDC web site and was sent to the patient's homes and mailed to the staff and that monitoring in the form of a return demonstration of hand hygiene techniques and compliance will be completed when the patient is due for their supervisory visit.</p> <p>4. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the</p>			{G 244}			

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{G 244}	<p>Continued From page 25</p> <p>Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>6. Administrative documents review failed to evidence the agency planned an annual evaluation of its program and included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented.</p> <p>7. Review of an undated administrative document dated 5/15/12 titled "ABC Home Health Quality Assurance". The document stated "QA assessment done....exit by state" failed to evidence an ongoing objective and systematic evaluation to identify problems and improve patient care.</p> <p>8. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.</p>			{G 244}			
{G 245}	484.52 EVALUATION OF THE AGENCY'S PROGRAM			{G 245}			

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NAME OF PROVIDER OR SUPPLIER ABC HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 138 W CARMEL DR CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 245}	<p>Continued From page 26</p> <p>The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient.</p> <p>This STANDARD is not met as evidenced by: Based on administrative document and policy review and interview, the agency failed to ensure a plan was in place for an ongoing annual evaluation that assesses the extent to which the agency's program is appropriate, adequate, effective and efficient for 1 of 1 agency with the potential to effect all patients served by this agency.</p> <p>The findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the new policies and procedures implemented as a result of the recent survey and plan of correction and that the agency did not maintain administrative documentation of the new policies and procedures, any agency development and agency planning towards how the agency was to document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency</p>			{G 245}			

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{G 245}	<p>Continued From page 27</p> <p>resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new policies and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the medical director position of the PAG has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p> <p>3. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems.</p>			{G 245}			

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{G 245}	<p>Continued From page 28</p> <p>Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>4. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>5. Administrative documents review failed to evidence the agency planned an annual evaluation of its program and included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented.</p> <p>6. Review of an undated administrative document dated 5/15/12 titled "ABC Home Health Quality Assurance". The document stated "QA assessment done....exit by state" failed to evidence an ongoing objective and systematic evaluation to identify problems and improve patient care.</p> <p>7. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the</p>	{G 245}			

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{G 245}	Continued From page 29 attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.			{G 245}			
{G 246}	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency.</p> <p>This STANDARD is not met as evidenced by: Based on administrative document and policy review and interview, the agency failed to ensure a plan was in place for an ongoing annual evaluation that identified issues that could be reported and acted upon by those responsible for the operation of the agency for 1 of 1 agency with the potential to effect all patients of the agency .</p> <p>The findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the new policies and procedures implemented as a result of the recent survey and plan of correction</p>			{G 246}			

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{G 246}	<p>Continued From page 30</p> <p>and that the agency did not maintain administrative documentation of the new policies and procedures, any agency development and agency planning towards how the agency was to document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new policies and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the medical director position of the PAG has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p> <p>3. On June 29, 2012 at 3:30 PM, the administrator / director of nursing indicated the agency does not have a developed and implemented infection control program to monitor for the infection control - compliance of procedures of their staff. She indicated that the new hand hygiene policy was obtained from the CDC website and was sent to the patient's homes</p>			{G 246}			

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{G 246}	<p>Continued From page 31</p> <p>and mailed to the staff and that monitoring in the form of a return demonstration of hand hygiene techniques and compliance will be completed when the patient is due for their supervisory visit.</p> <p>4. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>6. Administrative documents review failed to evidence the agency planned an annual</p>			{G 246}			

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{G 246}	Continued From page 32 evaluation of its program and included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented. 7. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head. 8. Review of an undated administrative document dated 5/15/12 titled "ABC Home Health Quality Assurance". The document stated "QA assessment done....exit by state" failed to evidence an ongoing objective and systematic evaluation to identify problems and improve patient care.			{G 246}			
{G 248}	484.52(a) POLICY AND ADMINISTRATIVE REVIEW As part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient. This STANDARD is not met as evidenced by:			{G 248}			

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{G 248}	<p>Continued From page 33</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure a plan was in place for the ongoing annual evaluation that assessed and reviewed the policies and administrative practices of the agency to determine the extent to which the promote patient care that is appropriate, adequate, effective and efficient for 1 of 1 agency with the potential to effect all patients served by this agency.</p> <p>The findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the new policies and procedures implemented as a result of the recent survey and plan of correction and that the agency did not maintain administrative documentation of the new polices and procedures, any agency development and agency planning towards how the agency was to document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not</p>			{G 248}			

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{G 248}	<p>Continued From page 34 a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new polices and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the medical director position of the PAG has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p> <p>3. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p>			{G 248}			

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{G 248}	Continued From page 35 4. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors." 5. Administrative documents review failed to evidence the agency planned an annual evaluation of its program and included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented. 6. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.			{G 248}			
{G 249}	484.52(a) POLICY AND ADMINISTRATIVE REVIEW Mechanisms are established in writing for the collection of pertinent data to assist in evaluation. This STANDARD is not met as evidenced by:			{G 249}			

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{G 249}	<p>Continued From page 36</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure an ongoing plan was developed and in place for the collection of pertinent data to assist in the agency evaluation for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <p>1. On June 29, 2012 at 3:10 PM, the alternate administrator / alternate director of nursing indicated she wrote the plan of correction and that there was no documentation of any planning or preliminary work completed available for review, and that there was not a meeting with the professional advisory board as documented in their plan of correction because the new medical director was out of town and not expected to return until after Independence Day (7/4/12). She indicated she had developed and wrote the new policies and procedures implemented as a result of the recent survey and plan of correction and that the agency did not maintain administrative documentation of the new policies and procedures, any agency development and agency planning towards how the agency was to document an ongoing annual program and including the criteria to prioritize any identified problems and how to document the agency resolution, and address how monitoring of the effectiveness of the program would be accomplished and documented. She indicated she does not have communication with the professional advisory group and that she was not a member.</p> <p>2. On June 29, 2012 at 3:20 PM, the administrator indicated her first day back to work</p>			{G 249}			

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{G 249}	<p>Continued From page 37</p> <p>was June 25, 2012 and indicated she had read some of the plan of correction and new policies and procedures and that there was no documentation of these new polices and procedures, the implementation of and effective date, she indicated there was not evidence of any planning or preliminary work towards the agency's annual evaluation. She indicated the medical director position of the PAG has changed and that the new medical director had not participated in any meetings yet nor was there any documentation to evidence that this physician has agreed to the position and its responsibilities.</p> <p>3. The undated policy titled "Professional Advisory Board" stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>4. The undated policy titled "Annual Program Evaluation" stated, "Policy and Procedure Review: The administrator shall meet with the</p>			{G 249}			

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{G 249}	<p>Continued From page 38</p> <p>Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>5. Administrative documents review failed to evidence the agency planned an annual evaluation of its program and included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented.</p> <p>6. On June 28, 2012 the alternate administrator presented an agency document dated 11/9/11 and titled "Professional Advisory Board Meeting" and was reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing. The document contained the same information notes as presented during the first survey and is now signed by administrator and contains an agency title head.</p> <p>7. Review of an undated administrative document dated 5/15/12 titled "ABC Home Health Quality Assurance". The document stated "QA assessment done....exit by state" failed to evidence an ongoing objective and systematic evaluation to identify problems and improve patient care.</p>			{G 249}			